

SECTION 7. SPECIAL MEDICAL FLIGHT TESTS

785. GENERAL. This section contains guidance to be used by operations inspectors for the conduct of special medical flight tests for airmen employed by Part 121 and Part 135 operators. The Office of Aviation Medicine or the manager of the Aeromedical Certification Division (AAM-300) must authorize any special medical flight test or evaluation that leads to the issuance of a waiver for one or more requirements for a medical certificate. FAR 67.19 authorizes applicants to apply for waivers to FAA medical standards based on a demonstration of ability.

A. Inspector Authorization. Inspectors may be authorized to conduct special medical flight tests by the Office of Aviation Medicine or the manager of AAM-300.

B. Conduct of Test. Special medical flight tests may be conducted in conjunction with a Part 121 proficiency check or a Part 135 competency check, or the test may be conducted separately. Special medical flight tests may be conducted in an aircraft or simulator, as appropriate.

C. Operating Limitations. Operating limitations that are placed on an airman's certificate may restrict the airman to certain aircraft types, special equipment or control arrangements, or special operating conditions.

787. BASIC GUIDELINES FOR CONDUCTING A SPECIAL MEDICAL TEST. Inspectors should use the following general direction and guidance when conducting a typical special medical flight test.

NOTE: Special medical flight testing is conducted to enable representatives of the FAA Administrator to determine the applicant's ability to perform under adverse as well as normal conditions of flight. The applicant shall be tested in accordance with the instructions provided by AAM-300 and the appropriate practical test standard. The flight test report should contain a statement about the condition of flight for which the test will be conducted.

A. Initiation of Special Medical Flight Test. The requirement to conduct a special medical test may occur in two ways. The FAA may initiate the requirement for such a test upon finding irregularities during an airman's physical examination, or an airman may request the special

test through the services of an aviation medical examiner. In either case, a letter of authorization (LOA) for an applicant to take a special medical flight test is issued by the Office of Aviation Medicine or the manager of AAM-300. The Office of Aviation Medicine must send a copy of the letter of authorization and the FAA Form 8500-15, "Statement of Demonstrated Ability" waiver to the flight standards district office (FSDO) along with a test outline sheet that contains the type of medical flight test to be given. The Office of Aviation Medicine may provide the inspector with the FAA Form 8500-9, "Medical Certificate" (see figure 5.9.7.4.) to be issued upon successful completion of the flight test. The Office of Aviation Medicine may need to also provide the inspector with a separate FAA Form 8500-9, "Medical Certificate" for the applicant to have on the applicant's person while taking the flight test.

B. Documentation. Before conducting a special medical flight test, the inspector must request that the airman present the following documents:

- A copy of the applicant's LOA for the test (see figure 5.9.7.1.)
- FAA Form 8710-1, "Airman Certificate and/or Rating Application" (see figure 5.9.7.2.)
- An outline of the special test to be given
- A copy of FAA Form 8500-15, "Statement of Demonstrated Ability," when appropriate (see figure 5.9.7.3.)

C. Test Items. During the special medical flight test, the inspector shall observe and evaluate all medical flight test items listed on the applicant's LOA.

D. Flight Surgeon Consultation. In the case of an airman with physical deficiencies, before the inspector can issue an airman certificate that contains less than the usual operating limitations, the inspector must consult with the regional flight surgeon.

789. USE OF SIMULATORS. For medical testing of professional airmen who are employed by an air carrier, the inspector may conduct the special medical flight test in a

simulator when this procedure is practical. If the inspector or medical authority decides that a test or some portion of the test must be conducted in an aircraft, however, that test or portion shall be accomplished in the appropriate aircraft.

791. SPECIFIC TESTING PROCEDURES. The inspector must observe the applicant demonstrate various tasks that indicate whether or not the applicant can perform the appropriate pilot functions for the type of medical test conducted. Appropriate testing procedures for the subsequent specific medical problems shall be conducted as follows:

A. Hearing Deficiency. The inspector shall evaluate the applicant's ability to hear radio, voice, and signal (such as bells, chimes, buzzers, horns, clackers) communications. The applicant must be able to understand normal voice communications and adequately perform crew coordination while operating the aircraft on the ground and in the air.

B. Deformity or Absence of the Extremities. The inspector must determine that the applicant with a deformity or absence of any extremities can demonstrate the following abilities:

- The ability to reach and operate effectively all controls which would normally require the use of that extremity (or those extremities); the inspector should evaluate any unusual body position the applicant may use to compensate for the defect; for example, the inspector may determine what effect that position has on the applicant's field of vision
- The ability to satisfactorily perform emergency procedures relative to flight and ground operations, such as recovery from stalls, engine-out procedures in multiengine aircraft, and emergency braking
- If the pilot has an arm prosthesis and is tested in turboprops or turbojets, the ability to lift the power handles for reversing (including asymmetrical reversing)

C. Visual Field Defect. For visual field defects such as an eye that is missing, blind, or not correctable to stan-

dards within normal vision, the inspector must verify that the applicant demonstrates the following abilities:

- For single-engine and multiengine families of airplanes and helicopters, the ability to select emergency landing fields at a distance, from high altitude over unfamiliar terrain, and perform a simulated forced landing when applicable
- The ability to recognize other aircraft approaching on a collision course, particularly aircraft approaching from the far right or far left
- The ability to land the aircraft
- The ability to read aeronautical charts and tune the radio to a predetermined station accurately and efficiently while in flight
- The ability to read all instruments quickly and correctly

D. Speech Defect. For a speech defect that may consist of either a stutter or a recovery from muteness, the inspector must determine whether the applicant can demonstrate the ability to converse and be clearly understood in person and over the radio.

E. Defective Color Vision. When the applicant has a defect in color vision, the inspector must ensure that the applicant demonstrates the following abilities:

(1) All applicants must demonstrate the ability to read aeronautical charts for print that appears in various sizes, colors, and typefaces; for conventional markings in several colors; and for discrimination of terrain colors at a distance of 16 inches for both day and night conditions.

(2) All applicants must demonstrate the ability to read aviation instruments, particularly those with colored limitation marks and colored instrument panel lights, especially marker beacon lights and warning lights.

(3) All applicants must demonstrate the ability to recognize terrain and obstructions. When appropriate to the aircraft being used, the applicant must be able to select several emergency landing fields, preferably having marginal conditions, and describe their surfaces, such as sod, stubble,

plowed, roll or pitch. The applicant must also describe how these conclusions were determined. Further, the applicant must identify obstructions such as ditches, fences, terraces, low spots, rocks, stumps, and indicate any gray, tan, or brown objects that appear in green fields.

(4) For first-class medical certificates, applicants with defective color vision must be tested at twilight or at night. The test for a first-class medical certificate is much more comprehensive than the tests for second- and third-class medical certificates. In addition to the above exercises, the applicants for a first-class medical certificate must demonstrate the ability to see the following objects:

- Colored lights of other aircraft in the vicinity
- Runway approach lights
- Airport boundary lights
- Taxiway lights
- Red warning lights on such areas as TV towers, high buildings, or stacks
- Conventional signal lights from the control tower
- All color signal lights normally used in air traffic control (ATC)

(5) AAM-300 usually requires that applicants who have defective color vision take the signal light test (SLT) to obtain second- and third-class medical certificates. If possible, the test should be given at twilight to test the applicant under both daylight and night conditions. Under such special arrangements, the night-time portion of the test may include tests other than those described, such as identification of aircraft, runway, threshold, and taxiway lights. Applicants who are able to identify colors at night may have the night-time restriction removed. This test may be accomplished at the FSDO, if the FSDO is able to provide both an aviation signal light (hand-gun type) and an employee to work as a light operator. Alternatively, the applicant may use the nearest ATC tower which has a tower signal light or hand-gun signal light. The signal light operator should be asked to shine the light steadily for a period of 5 seconds for each color, green, red, and white, as randomly directed by the inspector. When conducting

the SLT, the inspector should proceed as follows:

(a) The inspector should accompany the applicant to an area approximately 1,000 feet from the light operator and ask the applicant to respond to each light by stating the light color shown. The applicant must respond within the 5-second interval in which the light is displayed through a pre-arrangement with the signal light operator. The inspector should arrange with the light operator to repeat the procedure after 3-minute intervals until all three colors are shown.

(b) Subsequently, the inspector should accompany the applicant to an area approximately 1,500 feet from the light operator, and repeat the procedure outlined in previous subparagraph (a), while ensuring that all three colors have been displayed before completing the test.

(c) The inspector shall not indicate the accuracy of the readings during the test. If the applicant does not call each color correctly within the time period that the light is shown, the applicant fails; the test, however, is continued until completion. The inspector may find that the SLT job aid is useful (see figure 5.9.7.5.).

793. MEDICAL FLIGHT TEST COMPLETION, RESULTS, AND REPORT. With the exception of an SLT, if the inspector determines that the applicant has failed the special medical flight test, the inspector should terminate the test before it is completed. The SLT must be completed even if the inspector determines during the test that the applicant has failed. After the test, the inspector shall return the FAA Form 8500-15, "Statement of Demonstrated Ability," the superseded medical certificate (if applicable), the LOA, and the medical flight test report to the issuing medical office.

A. *FAA Form 8500-13, "Special Medical Flight Test Report."* The inspector must report the results of all special medical flight tests (see figure 5.9.7.6.) to the medical office that authorized the test. The following items should be included under the "Description" block in FAA Form 8500-13:

- Applicant's defect, test narration, and the inspector's recommendations
- Type of test given and any appropriate, alternative procedures determined by the inspector

- Any noteworthy physical attributes of the applicant
- Marginal or simulated marginal test conditions
- The applicant's susceptibility to distraction from simultaneous tasks
- Any unusual applicant reactions
- The inspector's general recommendations as well as any recommendations concerning operating limitations, or a statement that operating limitations are not required

B. *FAA Form 8500-9, "Medical Certificate."* For the purpose of a medical flight test, the inspector shall attach two medical certificates to the test package. One certificate contains the allowance for the applicant to hold a medical certificate while taking the flight test. The inspector should issue this certificate with the limitation, "FOR MEDICAL FLIGHT TEST PURPOSES ONLY," and have the applicant sign the certificate before the flight. The second medical certificate should be issued by the inspector if the airman successfully passes the test.

C. *FAA Form 8500-15, "Statement of Demonstrated Ability."* The *FAA Form 8500-15* is a waiver with a limitation that is provided by the authorizing medical office. Inspectors should ensure that the *FAA Form 8500-15* has been previously signed by the flight surgeon and that it is dated with the same date as the LOA. The

inspector shall issue *FAA Form 8500-15* to the airman after the airman has successfully passed the special medical flight test.

D. *FAA Form 8710-1, "Airman Certificate and/or Rating Application."* The applicant should have completed the "Information" section on *FAA Form 8710, "Airman Certificate and/or Rating Application."* The inspector should complete the inspector's report section on the reverse side of the application (see figure 5.9.7.7.). The inspector should send the original application to AVN-460 in Oklahoma City.

E. *FAA Form 8060-4, "Temporary Airman Certificate" or FAA Form 8060-5, "Notice of Disapproval."* These forms must be completed, as applicable. When the special medical flight test has been satisfactorily completed, the inspector shall issue or reissue a pilot certificate. The inspector must confer with AAM-300, if the airman's certificate must bear any operational limitations. These operating limitations shall be entered on *FAA Form 8060-4, "Temporary Airman Certificate"* (figure 5.9.7.8.). The inspector should send the original form to AVN-460 in Oklahoma City and give a copy to the airman.

NOTE: When the pilot certificate portion of the test is failed, the inspector should place the operating limitations on the FAA Form 8060-5, "Notice of Disapproval," so that after a successful retest, an inspector or examiner will know the appropriate operational limitations to place on the temporary certificate (see figure 5.9.7.9.).

794. - 804. RESERVED.

**FIGURE 5.9.7.1.
SAMPLE LETTER OF AUTHORITY**

FAA LETTERHEAD

July 6, 1992

Federal Aviation Administration
Supervisor, FSDO-66
International Airport
Route 3, Box 51
Lubbock, TX 79401

REF: PI 715854

JOHN SMITH has been authorized to arrange with you for a Signal Light Test, second-class.

The appropriate test procedure is outlined in [insert appropriate reference for Order 8400.10, Air Transportation Operations Inspector's Handbook]. Any testing that would assist you in determining the applicant's ability is authorized.

An FAA Form 8500-9, "Medical Certificate" and an FAA Form 8500-15, "Statement of Demonstrated Ability" (waiver) are enclosed for issuance to the applicant upon successful completion of the test. In borderline situations, you may elect to return the medical certificate and waiver with your report to this office for further consideration.

Please destroy this authorization if a response is not received from the applicant after 6 months from the above date.

Sincerely,

[name of supervisor]
Supervisor, Medical Review Section

Enclosures

FIGURE 5.9.7.2.
FAA FORM 8710-1, "AIRMAN CERTIFICATE AND/OR RATING APPLICATION"
(FRONT)

TYPE OR PRINT ALL ENTRIES IN INK

Form Approved OMB No: 2120-0021

 U.S. Department of Transportation Federal Aviation Administration		Airman Certificate and/or Rating Application															
I Application Information <input type="checkbox"/> Student <input type="checkbox"/> Instrument <input type="checkbox"/> Glider <input type="checkbox"/> Ground Instructor <input type="checkbox"/> Recreational <input type="checkbox"/> Additional Aircraft Rating <input type="checkbox"/> Lighter-Than-Air <input type="checkbox"/> Medical Flight Test <input type="checkbox"/> Private <input type="checkbox"/> Airplane Single-Engine <input type="checkbox"/> Flight Instructor _____ Initial _____ Renewal <input type="checkbox"/> Reexamination <input type="checkbox"/> Commercial <input type="checkbox"/> Airplane Multiengine <input type="checkbox"/> Flight Instructor Reinstatement <input type="checkbox"/> Reissuance of _____ Certificate <input type="checkbox"/> Airline Transport <input type="checkbox"/> Rotorcraft <input type="checkbox"/> Additional Instructor Rating <input type="checkbox"/> Other _____																	
A. Name (First, Middle, Last)		B. SSN	C. Date of Birth Mo. Day Year														
D. Place of Birth		E. Address City, State, Zip Code															
F. Nationality <input type="checkbox"/> USA <input type="checkbox"/> Other _____		G. Do you read, speak and understand English? <input type="checkbox"/> Yes <input type="checkbox"/> No															
H. Height In.	I. Weight Lbs.	J. Hair	K. Eyes														
L. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		M. Do you now hold, or have you ever held, an FAA Pilot Certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No															
N. Grade Pilot Certificate		O. Certificate Number	P. Date Issued														
R. Class of Certificate		S. Date Issued	T. Name of Examiner														
U. Have you ever been convicted for violation of any Federal or State statutes pertaining to narcotic drugs, marijuana, and depressant or stimulant drugs or substances, or motor vehicle operation involving alcohol related offenses? <input type="checkbox"/> No <input type="checkbox"/> Yes			V. Date of Final Conviction														
W. Signature		X. Date															
Glider or Free Balloon Pilots only: Medical Statement: I have no known physical defect which makes me unable to pilot a glider or free balloon																	
II Certificate or Rating Applied For on Basis of:																	
<input type="checkbox"/> A. Completion of Required Test		1. Aircraft to be used (if flight test required)															
2a Total time in this aircraft hours		2b Pilot in command hours															
<input type="checkbox"/> B. Military Competence Obtained In		1 Service															
2 Date Rated		3 Rank or Grade and Service Number															
4 Has flown at least 10 hours as pilot in command during the past 12 months in the following military aircraft.																	
<input type="checkbox"/> C. Graduate of Approved Course		1 Name and Location of Training Agency															
2 Agency School Number		3 Curriculum From Which Graduated															
4 Date		1 Country															
<input type="checkbox"/> D. Holder of Foreign License Issued By		2 Grade of License															
3 Number		4 Ratings															
III Record of Pilot time (Do not write in the shaded areas.)																	
Total	Instruction Rec'd	Solo	Pilot in Command	Second in Command	Cross Country Instruction Received	Cross Country Solo	Cross Country Pilot in Command	Instrument	Night Instr. Rec'd	Night Take-off/Landing	Night Pilot in Command	Night Take-off/Landing Pilot in Command	Number of Flights	Number of Aero-Tows	Number of Ground Launches	Number of Powered Launches	Number of Free Flights
Airplane																	
Rotorcraft																	
Glider																	
Lighter Than Air																	
Training Device Simulator																	
IV Have you failed a test for this certificate or rating within the past 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No				V Applicant's Certification I certify that the statements made by me on this application are true.				A. Signature				B. Date					
FAA Use Only																	
EMP	REG	DO	SEAL	CON	ISS	ACT	LEV	TR	SH	SRCH	#RTE	RATING (1)					

FAA Form 8710-1 (6-89) Supersedes Previous Edition

FIGURE 5.9.7.3.
FAA FORM 8500-15, "STATEMENT OF DEMONSTRATED ABILITY"

UNITED STATES OF AMERICA DEPARTMENT OF TRANSPORTATION FEDERAL AVIATION ADMINISTRATION							
STATEMENT OF DEMONSTRATED ABILITY <i>This form cannot be used in lieu of a medical certificate; it should be attached to your medical certificate.</i>							
AIRMAN'S NAME AND ADDRESS 							
CLASS OF MEDICAL CERTIFICATE AUTHORIZED	WAIVER SERIAL NO.						
LIMITATIONS 							
PHYSICAL DEFECTS 							
BASIS OF ISSUANCE	<input type="checkbox"/>	OPERATIONAL EXPERIENCE	<input type="checkbox"/>	SPECIAL PRAC- TICAL TEST	<input type="checkbox"/>	SPECIAL FLIGHT TEST	
	<input type="checkbox"/>						
FOR THE FEDERAL AIR SURGEON							
DATE							
SIGNATURE (TO BE SIGNED IN INK)							
NAME AND TITLE (TO BE TYPED)							
FAA FORM 8500-15 (12-89) FORMERLY FAA FORM 779							

FIGURE 5.9.7.4.
FAA FORM 8500-9, "MEDICAL CERTIFICATE"

UNITED STATES OF AMERICA Department of Transportation Federal Aviation Administration						DD.	21 1992
MEDICAL CERTIFICATE						CLASS	
This certifies that <i>(Full name and address)</i> :							
Date of Birth		Height	Weight	Hair	Eyes	Sex	
has met the medical standards prescribed in Part 67, Federal Aviation Regulations for this class of Medical Certificate.							
Limitations							
Date of Examination				Examiner's Serial No.			
Examiner	Signature						
	Typed Name						
AIRMAN'S SIGNATURE							

FAA Form 8500-9 (1-91) Supersedes Previous Edition

FIGURE 5.9.7.5.
SIGNAL FLIGHT TEST JOB AID

DISTANCE FROM LIGHT	COLOR DISPLAYED	COLOR RESPONSE FROM APPLICANT
1000 feet		
1500 feet		

FIGURE 5.9.7.6.
FAA FORM 8500-13, “SPECIAL MEDICAL FLIGHT TEST REPORT”

U.S. DEPARTMENT OF TRANSPORTATION FEDERAL AVIATION ADMINISTRATION SPECIAL MEDICAL FLIGHT TEST REPORT		PAGE	OF	PAGES
		DATE		
		REFERENCE NUMBER		
TO:		FROM: OPERATIONS INSPECTOR		
NAME OF PERSON TESTED		NAME OF INSPECTOR		
FLIGHT TEST REPORT				
DATE	TYPE OF AIRMAN CERTIFICATE		CLASS OF MEDICAL CERTIFICATE	
TYPE AND MODEL OF AIRCRAFT EMPLOYED			H.P.	
DESCRIPTION (In those cases requiring the wearing of correcting lenses, state at the beginning of the description of each portion of the test whether or not lenses were worn during that portion.)				

FIGURE 5.9.7.7.
FAA FORM 8710-1, "AIRMAN CERTIFICATE AND/OR RATING APPLICATION"
(REVERSE SIDE) PASSAGE OF MEDICAL TEST

Instructor's Recommendation				
I have personally instructed the applicant and consider this person ready to take the test.				
Date	Instructor's Signature	Certificate No.	Certificate Expires	
Air Agency's Recommendation				
The applicant has successfully completed our _____ course, and is recommended for certification or rating without further _____ test.				
Date	Agency Name and Number	Official's Signature		
		Title		
Designated Examiner's Report				
<input type="checkbox"/> Student Pilot Certificate issued (Copy attached) <input type="checkbox"/> I have personally reviewed this applicant's pilot logbook, and certify that the individual meets the pertinent requirements of FAR 61 for the pilot certificate or rating sought. <input type="checkbox"/> I have personally reviewed this applicant's graduation certificate, and found it to be appropriate and in order, and have returned the certificate. <input type="checkbox"/> I have personally tested this applicant in accordance with pertinent procedures and standards, with the result indicated below. <div style="margin-left: 40px;"> <input type="checkbox"/> Approved—Temporary Certificate Issued (Copy Attached) <input type="checkbox"/> Disapproved—Disapproval Notice Issued (Copy Attached) </div>				
Location of Test (Facility, City, State)		Duration of Test		
		Ground	Flight	
Certificate or Rating for Which Tested		Type(s) of Aircraft Used	Registration No.(s)	
Date	Examiner's Signature	Certificate No.	Designation No.	Designation Expires
Evaluator's Record For Airline Transport Certificate/Rating Only				
	Inspector	Examiner	Signature	Date
Oral	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Simulator Check	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Aircraft Flight Check	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Inspector's Report				
I have personally tested this applicant in accordance with pertinent procedures and standards, with the result indicated below. <input type="checkbox"/> Approved—Temporary Certificate Issued <input type="checkbox"/> Disapproved—Disapproval Notice Issued				
Location of Test (Facility, City, State)		Duration of Test		
		Ground	Flight	
Certificate or Rating for Which Tested		Type(s) of Aircraft Used	Registration No.(s)	
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> Student Pilot Certificate issued <input type="checkbox"/> Examiner's Recommendation <div style="margin-left: 20px;"><input type="checkbox"/> ACCEPTED <input type="checkbox"/> REJECTED</div> <input type="checkbox"/> Examiner Recommends Retesting <input type="checkbox"/> Reissue or Exchange of Pilot Certificate <input type="checkbox"/> Special medical test conducted—report forwarded to Aeromedical Certification Branch, AAM-130 </div> <div style="width: 30%;"> <input type="checkbox"/> Certificate or Rating Based on <input type="checkbox"/> Military Competence <input type="checkbox"/> Foreign License <input type="checkbox"/> Approved Course Graduate <input type="checkbox"/> Issued <input type="checkbox"/> Denied </div> <div style="width: 30%;"> <input type="checkbox"/> Instructor <input type="checkbox"/> Flight <input type="checkbox"/> Ground <input type="checkbox"/> Renewal <input type="checkbox"/> Approved <input type="checkbox"/> Reinstatement <input type="checkbox"/> Disapproved Instructor Renewal Based on <input type="checkbox"/> Activity <input type="checkbox"/> Training Course <input type="checkbox"/> Acquaintance <input type="checkbox"/> Test </div> </div>				
Training Course (FIRC) Name		Graduation Certificate No.	Date	
Date	Inspector's Signature	FAA District Office		
Attachments:				
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <input type="checkbox"/> Student Pilot Certificate (copy) <input type="checkbox"/> Report of Written Examination <input type="checkbox"/> Temporary Pilot Certificate (copy) </div> <div style="width: 30%;"> <input type="checkbox"/> Airmans Identification (ID) <div style="margin-left: 20px;">Form of ID _____</div> <div style="margin-left: 20px;">Number _____</div> <div style="margin-left: 20px;">Expiration Date _____</div> </div> <div style="width: 10%;"> <input type="checkbox"/> Notice of Disapproval <input type="checkbox"/> Superseded Pilot Certificate <input type="checkbox"/> Answer Sheet Graded <input type="checkbox"/> Answer Sheet Graded (Foreign Instrument) </div> </div>				

* U.S. GPO: 1991-568-185

FIGURE 5.9.7.8.
FAA FORM 8060-4, "TEMPORARY AIRMAN CERTIFICATE"

I. UNITED STATES OF AMERICA DEPARTMENT OF TRANSPORTATION - FEDERAL AVIATION ADMINISTRATION ii. TEMPORARY AIRMAN CERTIFICATE						III. CERTIFICATE NO.	
vii. AIRMAN'S SIGNATURE	THIS CERTIFIES THAT IV.						
	V.						
	DATE OF BIRTH	HEIGHT	WEIGHT	HAIR	EYES	SEX	NATIONALITY VI.
	IN.						
	IX. has been found to be properly qualified and is hereby authorized in accordance with the conditions of issuance on the reverse of this certificate to exercise the privileges of						
	RATINGS AND LIMITATIONS						
	XII.						
	XIII.						
THIS IS <input type="checkbox"/> AN ORIGINAL ISSUANCE <input type="checkbox"/> A REISSUANCE OF THIS GRADE OF CERTIFICATE					DATE OF SUPERSEDED AIRMAN CERTIFICATE		
BY DIRECTION OF THE ADMINISTRATOR					EXAMINER'S DESIGNATION NO. OR INSPECTOR'S REG. NO.		
X. DATE OF ISSUANCE		X. SIGNATURE OF EXAMINER OR INSPECTOR			DATE DESIGNATION EXPIRES		
FAA Form 8060-4 (8-79) USE PREVIOUS EDITION							

**FIGURE 5.9.7.9.
FAA FORM 8060-5, "NOTICE OF DISAPPROVAL"**

<small>UNITED STATES OF AMERICA DEPARTMENT OF TRANSPORTATION—FEDERAL AVIATION ADMINISTRATION</small>		NOTE PRESENT THIS FORM UPON APPLICATION FOR REEXAMINATION						
NOTICE OF DISAPPROVAL OF APPLICATION								
NAME AND ADDRESS OF APPLICANT	CERTIFICATE OR RATING SOUGHT							
On the date shown, you failed the examination indicated below:								
<input type="checkbox"/> FLIGHT <input type="checkbox"/> ORAL <input type="checkbox"/> PRACTICAL								
AIRCRAFT USED (Make and Model)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th align="center" colspan="3">FLT. TIME RECORDED IN LOGBOOK</th> </tr> <tr> <td style="padding: 2px; font-size: small;">PILOT-IN-COMM. OR SOLO</td> <td style="padding: 2px; font-size: small;">INSTRUMENT</td> <td style="padding: 2px; font-size: small;">DUAL</td> </tr> </table>		FLT. TIME RECORDED IN LOGBOOK			PILOT-IN-COMM. OR SOLO	INSTRUMENT	DUAL
FLT. TIME RECORDED IN LOGBOOK								
PILOT-IN-COMM. OR SOLO	INSTRUMENT	DUAL						
UPON REAPPLICATION YOU WILL BE REEXAMINED ON THE FOLLOWING:								
I have personally tested this applicant and deem his performance unsatisfactory for the issuance of the certificate or rating sought.								
DATE OF EXAMINATION	SIGNATURE OF EXAMINER OR INSPECTOR	DESIGNATION OR OFFICE NO.						
FAA Form 8060-5 (4-82)								

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